



**GEORGIA MEDICAID FEE-FOR-SERVICE
ZYDELIG PA SUMMARY**

Preferred	Non-Preferred
Zydelig (idelalisib)	n/a

LENGTH OF AUTHORIZATION: 1 year

PA CRITERIA:

- ❖ Approvable for members with a diagnosis of chronic lymphocytic leukemia (CLL) who have relapsed after or are refractory to at least one prior systemic regimen. Must be used in combination with Rituxan (rituximab).
- ❖ Approvable for members with a diagnosis of follicular B-cell non-Hodgkin's lymphoma (FL) or small lymphocytic lymphoma (SLL) who have relapsed after or are refractory to at least two prior systemic regimens.
- ❖ Members must be monitored for hepatotoxicity as well as for serious/severe diarrhea, colitis, pneumonitis, and intestinal perforation.

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **OptumRx at 1-866-525-5827**.

PREFERRED DRUG LIST:

- ❖ For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.

PA and APPEAL PROCESS:

- ❖ For online access to the PA process, please go to <http://dch.georgia.gov/prior-authorization-process-and-criteria> and click on Prior Authorization (PA) Request Process Guide.

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the Quantity Level Limits (QLL), please go to <https://www.mmis.georgia.gov/portal>, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.